	FOF D -	_	CHECK APPROI	Report: one:) ort (Fund balance	RIBUTIONS AND EXPENDITURES EASE TYPE OR PRINT IN BLACK INK 2 2nd 3rd 4th e on Line E must be \$0) ort Indicated Above	FOR OFFICE USE	ONLY
Full name and o	Full name and complete mailing a				CHECK FOR ADDRESS CHANGE		
Mix For Ma 602 S. Clar North Utica	yor k Street	_		Committee.	CHECK FOR ADDRESS CHANGE	36631 - 1) #
E-mail address:	Tracy	Jamie	Mix@yahoo	o.com 🔲 o	HECK FOR E-MAIL ADDRESS CHANGE		
REPORTING PERIOD CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD: 1-1-2022 3-31-202 \$1442.33 FROM THRU Repeat this amount in SECTION D, Line (A)			ALL POLITICAL COMMIT STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503	TEES RETURN TO: STATE BOARD OF ELECTIONS JAMES R THOMPSON CENTEI 100 W RANDOLPH, STE 14-1(CHICAGO, IL 60601-3232	₹		
	SECT	ION A -	- RECEIPTS		SECTION B — E	<u>XPENDITURES</u>	
1. Individual (a. Itemize b. Not-Ite	ed (from So		4): \$\frac{0}{50}	(1a) (1b)	6. Transfers Out a. Itemized (from Schedule B b. Not-Itemized:	_	(6a) (6b)
a. Itemize	2. Transfers Ina. Itemized (from Schedule A):b. Not-Itemized:			(2a) (2b)	7. Loans Made a. Itemized (from Schedule B b. Not-Itemized:		(7a) (7b)
Loans Received a. Itemized (from Schedule A): b. Not-Itemized			A): \$\frac{0}{50}	(3a) (3b)	8. Expenditures a. Itemized (from Schedule B b. Not-Itemized	_	(8a) (8b)
4. Other Receiptsa. Itemized (from Schedule A):b. Not-ItemizedTOTAL RECEIPTS (1a thru 4b)			4): \$ <u>0</u> \$0	(4a) (4b)	Independent Expenditures a. Itemized (from Schedule B b. Not-Itemized	•	(9a) (9b)
			<u>\$</u> 0	(TR)	TOTAL EXPENDITURES (6a thr	u 9b)\$ <mark>0</mark>	(TE)
*********** 5. In-Kind Co a. Itemize b. Not-Ite	d (from Sc): \$ <u>0</u> \$0	(5a)	SECTION C — DEBTS (Include previously replacements) 10. a. Itemized (from Schedule C) b. Not-Itemized	\$ \$ <u>300767</u>	:*** (10a) (10b)
TOTAL IN-		5b)	<u>\$</u> 0	(TI)	TOTAL DEBTS & OBLIGATIONS	\$ 3007.67	(100)
*******	******	******	*******	******	*********	********	****
Name and a than the co	ddress of mmittee's	person s Chair or	ubmitting this rep Treasurer:	oort <u>if other</u>	SECTION D — C Cash available at beginnin reporting per Total Receipts from Section A (g of \$1442.33 TR): \$0	(A) (B) (C)
					Total Expenditures from Section B		(C) (D)
					Funds available at clos reporting period (C minus	•	(E)
					Investments total (if applica		(F)
VERIFICATION: I DE STATEMENTS) HAS ARTICLE 9 OF THE EUP TO \$5000.	ECLARE THAT BEEN EXAMI ELECTION CO	THIS QUA NED BY ME DE. I UNDE	RTERLY REPORT OF C E AND TO THE BEST TH RSTAND THAT WILLFU	AMPAIGN CONTRIE IE BEST OF MY KNO LLY FILING A FALSE	BUTIONS AND EXPENDITURES (INCLUDING ACC WLEDGE AND BELIEF IS A TRUE, CORRECT AND OR INCOMPLETE STATEMENT IS SUBJECT TO A	OMPANYING SCHEDULES AND COMPLETE REPORT AS REQUIRE CIVIL PENALTY OF AT LEAST \$10	ED BY 001 AND

THIS FORM MAY BE REPRODUCED

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

PAGE 1 OF 2

REVISED 11/2018

DATE

NAME OF POLITICAL COMMITTEE	·	REPORT	ING PERIOD		FOR OFF	ICE USE ONLY
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	- 	I-1-2022 FROM	3-31-2022 THRU			
SCHI	EDULE	D				
	NDITURE					
EAPEI	ואטווטאו	_3			DOLUTION.	0040417755
CHECK THE PART OF	FORM D-2 BEI	NG ITEMIZED:		ļ	,	COMMITTEE NTIFICATION No.
PART #6 TRANSFERS OUT EXPENDITURES TO POLITION		PART #7	LOANS MADE			VIII 107 (1101)
COMMITTEES - INCLUDING RAFFLE PURCHASES	IICKET &	PART #8	EXPENDITUR	<u> </u>	36631	
SEE PAMPHLET "A	A GUIDE TO	CAMPAIGN D	ISCLOSURE'	" FOR	GUIDANCE	
ITEMIZED EXPENDITURES	DATE OF				UNT OF EACH NDITURE THIS	AGGREGATE
FULL NAME, MAILING ADDRESS, AND ZIP CODE	EXPENDITURE	PURPOSE	BENEFICIARY	RI	EPORTING PERIOD	AMOUNT THIS REPORTING PERIOD
Mix For Mayor 502 S. Clark Street	3-29-2022	Loan Repayment Partial	Mix For Mayor	1442.3	33	1442.33
Jtica, Illinois 60803						
114				ļ		
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TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	1					
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USE SEPARATE SCHEDULE B FOR EACH P.	LARTS 6, 7, & 8	<u> </u>	<u> </u>	I FOTAL	THIS PERIOD S	1442.33

NAME OF POLITICAL COMMITTEE:		REPORTIN	IG PERIOD	FOR OFFICE USE ONLY	
	1-	1-2022	3-31-2022		
		FROM	THRU		
SCUE					
SCHE	<u> </u>	POLITICAL COMMITTEE			
				IDENTIFICATION No	
DEBTS AND	OBLIC	SATIONS	5		
			[:	36631	
SEE PAMPHLET "A	GUIDE TO	CAMPAIGN D	SCLOSURE" FOR G	UIDANCE.	
FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE INCURRED	ORIGINAL AMOUNT	CUMULATIVE PAYMENT	OUTSTANDING BALANCE AT THE CLOSE OF THIS PERIOD	
Tracy Mix 2634 State Route 178 Utica, Illinois 61373	1-1-2022 through 3-31-2022	4450.00	1442.33	4450.00	

TOTAL THIS PERIOD \$ 3007.67

	1	
PAGE	-	